

## CHAPTER 4

### I. SELF ASSESSED PERFORMANCE OF CORE PUBLIC HEALTH FUNCTION KEY ACTIVITIES BY LOCAL PUBLIC HEALTH AGENCIES

Defining Public Health for Missouri II describes 14 principal elements in the performance of core public health functions. These 14 principal elements are divided into 47 key activities that further define activities and responsibilities of local public health agencies.

A summary of the results of the Infrastructure Capacity Assessment Survey, a self-assessment of performance by each local public health agency, shows that most of the 47 key activities are being performed at some level by a majority of agencies. However, only the following 8 key activities are reportedly being performed by every agency:

- Develop and maintain systems for collecting vital records, community and demographic data that characterize the health of the population, conditions that affect health, and the health system
- Analyze available community needs and resources
- Respond to requests for information
- Identify community resources
- Achieve compliance with appropriate laws and regulations related to public health protection activities and licensure or certification of providers and facilities
- Maintain expertise adequate to carry out local and state health protection activities
- Conduct disease surveillance and control activities in accordance with laws, regulations and guidelines
- Promote public and professional awareness of potential and real disease threats and other health conditions.

Following is a list of 11 key activities that are reportedly performed very well or cutting edge by more than 50% of agencies:

- Develop and maintain disease surveillance system and conduct active surveillance for specific diseases and health conditions
- Respond to requests for information
- Identify community and agency resources
- Achieve compliance with appropriate laws and regulations related to public health protection activities and licensure or certification of providers and facilities
- Maintain expertise adequate to carry out local and state health protection activities
- Respond to emergencies through collaboration with communities in developing and implementing local emergency response plans, for natural and manmade disasters, including the mobilization of resources
- Conduct disease surveillance and control activities in accordance with laws, regulations and guidelines

- Promote public and professional awareness of potential and real disease threats and other health conditions
- Assure that prevention and intervention efforts for communicable diseases and other preventable conditions are being appropriately implemented
- Assure communities have the information, resources, and strategies they need to better protect the health of their residents
- Collaborate with the community generally, and health care providers specifically, to reduce barriers to accessing health care and personal and preventive health services, and assure that individuals and families are linked with health services.

## Summary of Performance of 14 Principal Elements

### **1) Collecting Health Related Data**

Of the 6 activities, 3 are reportedly performed at okay or better by more than 80% of agencies. Most agencies (57%) reported doing disease surveillance very well or better. Weaknesses are in assessment activities related to risk factors, developing standards and methods for collecting data. (See Graphs and Data Tables 19.A. thru 19.F.)

### **2) Analyzing Health Data**

Of the 5 activities, 3 are reportedly performed at okay or better by more than 80% of agencies and 1 by 79% of agencies. The weakest performance is drawing inference from data with 72% doing okay or better. (See Graphs and Data Tables 20.A. thru 20.E.)

### **3) Disseminating Health Status and Resources Information**

Of the 2 activities, 79% of agencies feel they are doing okay or better at reporting results of data analysis to appropriate audiences, while 98% are reported to be doing okay or better at responding to requests for information. (See Graphs and Data Tables 21.A. & 21.B.)

### **4) Managing Health Related Data**

Of the 2 activities, 89% of agencies feel they are improving the quality, use of and access to data. Developing and maintaining a data system infrastructure is rated somewhat lower with 82% of agencies doing okay or better. (See Graphs and Data Tables 22.A. & 22.B.)

### **5) Planning for Healthy Communities**

The range of performance is from 67% to 74% of agencies doing okay or better for the 4 activities. Seventy percent (70%) reported doing okay or better in leading communities in a process to set priorities. Identifying costs and effects of proposed strategies is reportedly being done okay or better by 67% of agencies. (See Graphs and Data Tables 23.A. thru 23.D.)

### **6) Formulating and Analyzing Health Policy**

Two of the 4 activities are reportedly performed okay or better by more than 80% of agencies. Involving communities in developing and analyzing policy is being performed very well or better by 20% of agencies and okay by an additional 48%. Identifying costs and effects of policy is being done okay or better by 74% of agencies. (See Graphs and Data Tables 24.A. thru 24.D.)

### **7) Establishing Legal Authority**

One of the two activities, identifying legal authority to enforce policy is being performed okay or better by 76% of agencies. Eighty-two percent (82%) of agencies report doing okay or better in promoting legislation and regulation. (See Graphs and Data Tables 25.A. & 25.B.)

### **8) Implementing Public Health Policy**

Both activities, translating policy into operating procedure and educating affected parties, are performed okay or better by more than 85% of agencies. (See Graphs and Data Tables 26.A. & 26.B.)

### **9) Evaluating Effectiveness of Policy Decisions**

Timely assessments of policy is reportedly performed okay or better by 76% of agencies and 80% of agencies identify and communicate needed change in policy on a regular basis. (See Graphs and Data Tables 27.A. & 27.B.)

### **10) Protecting the Health of Missouri Citizens**

Local agencies are very strong in the assurance function of protection. Each of the activities, achieving compliance with laws and regulation, assuring competence of unlicensed individuals whose activity can affect health of the public, maintaining expertise of staff, and responding to emergencies are reported to be performed okay or better by 85% to 95% of agencies. (See Graphs and Data Tables 28.A. thru 28.D.)

### **11) Preventing the Occurrence of Disease in Missouri**

Disease surveillance, promoting awareness of potential disease threats, assuring needed laboratory capacity for public health purposes, and assuring prevention efforts for preventable conditions are reported to be performed at okay or above by 85% to 98% of agencies. (See Graphs and Data Tables 29.A. thru 29.D.)

### **12) Promoting Health in the Community**

Assuring communities have information, resources, strategies to protect health and assuring access to culturally appropriate information about health care options is reportedly being done okay or better by 87% of agencies. (See Graphs and Data Tables 30.A. & 30.B.)

### **13) Assuring Quality Standards for Public Health Services**

Assurance that population based care is provided according to established standards is reported to be done okay or better by 85% of agencies. Seventy-eight percent (78%) of agencies report doing okay or better in assurance of access to training and professional education for providers. (See Graphs and Data Tables 31.A. & 31.B.)

### **14) Assisting Missourians to Access Health Care**

The six activities relate to assurance of access to personal health services through identification and elimination of barriers, assuring an adequate supply of providers, access to outreach services and coordination of services. These assurance activities are reported to be performed okay or better by 80% to 89% of agencies. (See Graphs and Data Tables 32.A. thru 32.F.)

**Key Activities in Core Public Health Functions Contract**

Of the 15 key activities in the Core Public Health Functions Contract, 8 are reported to be performed very well or cutting edge by 50% or more of agencies. However, one or more agencies report not doing 9 of the 15 contracted activities. Although contract monitors considered these deliverables to be met for the fiscal year 2001 contract, survey results suggest that some agencies do not feel their performance is effective in meeting contract expectations.

**Key Activities Required for Primary Accreditation**

Of the 25 key activities required by the Primary Accreditation Model as it is drafted, 10 are reported to be performed very well or cutting edge by 50% or more of agencies. Only seven of the 25 are being done to some extent by every agency.

*Note: There are limitations to the significance that should be placed on the results of self-reported performance of the core function key activities. No criteria were provided by which an agency could measure its individual performance compared to others. For 33 of the 47(70%) of the key activities, “okay” was the most frequently selected level of performance.*